

CSID # _____

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INTERVIEWER ID # _____

FOR OFFICE USE ONLY

LENGTH _____

MINUTES

Survey of Insurance Status - 2000

Conducted by

The Center for Survey Research
University of Massachusetts - Boston

for

The Massachusetts Division of Health Care Finance and Policy

C695
February-August 2000

Before we begin, there are a couple of important things I need to tell you.

- ☐ Your answers are completely confidential. The information from this study will not be presented or published in any way that would permit identification of you or your household. Your answers will be combined with other answers for statistical analysis.
- ☐ It is important that your answers be accurate. Take your time and be sure to ask me if you are not sure what a question means or what kind of answer is wanted.
- ☐ It is very important that you answer as honestly and accurately as you can.
- ☐ If there is any question you would prefer not to answer, just tell me and I will go on to the next question.
- ☐ Your participation is, of course, voluntary.
- ☐ **Do you have any questions before we continue?**

S1. Number of persons in household: _____

QUESTION							INSURANCE	POLICY HOLDER
PERSON	S2 AGE	S3 GENDER	S3A EDUCATION	S3B MARITAL	S4 EMPLOYMENT	S5	1=PLAN 1 2=PLAN 2, ETC. U=UNINSURED	PLACE _ IN CORRECT BOX(ES)
1	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	INFORMANT		
2	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
7	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
8	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
9	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> < HS <input type="checkbox"/> HS <input type="checkbox"/> SOME COLL. <input type="checkbox"/> 4 YR DEG. <input type="checkbox"/> > 4 YR DEG.	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION	YES	NEEDED	NO	PAGE	COMPLETED
INSURED SECTION	<input type="checkbox"/>		<input type="checkbox"/>	15	<input type="checkbox"/>
UNINSURED ADULT SECTIONS	<input type="checkbox"/>	HOW MANY? _____	<input type="checkbox"/>	44	<input type="checkbox"/>
UNINSURED CHILD SECTION	<input type="checkbox"/>		<input type="checkbox"/>	93	<input type="checkbox"/>
65 AND OVER SECTION	<input type="checkbox"/>		<input type="checkbox"/>	103	<input type="checkbox"/>
DEMOGRAPHIC SECTION	<input type="checkbox"/>		<input type="checkbox"/>	106	<input type="checkbox"/>

RANDOM SELECTION OF HEALTH INSURANCE PLAN: _____ (SEE PAGE 15)

RANDOM SELECTION OF ADULT FROM INSURANCE PLAN: _____ (SEE PAGE 39)

RANDOM SELECTION OF PERSON 65+: _____ (SEE PAGE 103)

SCREENER SECTION

S1. We are trying to learn about the health insurance of all people living in selected households. As a first step, I need to get a count of how many people live in each household.

We want you to include all family members, boarders, unrelated people, and anyone who is away only temporarily, such as on vacation or in the hospital.

Please do not include anyone living somewhere else now, such as at school or in the service.

So, **including** yourself, how many persons live in your household?

[RECORD ANSWER IN QUESTION S1. ON FLAP -- IF 10 OR MORE, HOUSEHOLD IS INELIGIBLE, TERMINATE INTERVIEW]

I need to know just a few pieces of information about each of these people. I'd like to begin with you.

[ASK THE FOLLOWING QUESTIONS ABOUT EACH PERSON IN THE HOUSEHOLD BEGINNING WITH HOUSEHOLD INFORMANT, THEN RECORD ANSWERS IN QUESTIONS S2 THROUGH S5 ON FLAP]

S2. How old were you/was this person on your/their last birthday?

S3. [Ask if not sure] Is this person male or female?

S3a. [If 18 or over] Is the highest grade or level of school that you have/this person has completed less than high school, high school graduate, some college including a 2-year degree, a 4-year college degree, or school beyond a 4-year college degree?

S3b. [If 18 or over] Are you/Is this person currently married, never been married, divorced, separated, or widowed?

S4. [If 18 or over] Are you/they currently working at a job for pay?

S5. How is the person related to you?

[ASK QUESTION S6 ABOUT INFORMANT]

S6. I now have a few questions about health insurance coverage. Do you currently have any kind of health insurance coverage at all?

[☐] YES (ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14)

[☐] NO

S6a. Do you currently have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

[☐] YES (ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14)

[☐] NO

S6b. So you currently do **not** have **any** health insurance coverage at all. Is that correct?

[☐] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S9)

[☐] NO - HAS INSURANCE (ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14)

S7. Of the other people you mentioned as living in this household, could you please tell me which ones are covered by the same health insurance policy or program as yourself? (Probe: Anyone else?)

[ENTER '1' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]

S8. Health insurance policies are usually held in one person's name, could you tell under which person your health insurance policy is held?

[PLACE ‘_’ IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]

☐ POLICY HOLDER NOT IN HOUSEHOLD **[ENTER ‘OUT’ IN POLICY HOLDER COLUMN ON FLAP]**

S9. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S10a]

S10a. I've noticed that I do not know the health insurance status of all members of your household.

Do you consider yourself to be knowledgeable enough about other household members to answer these health insurance questions about them?

☐ YES (CONTINUE WITH QUESTION S10aa.)

☐ NO (FIND OUT WHO IS KNOWLEDGEABLE AND ARRANGE TO CALL OR VISIT THEM)

S10aa. Does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

ENTER PERSON NUMBER BEING ASKED ABOUT: _____

☐ YES (**ENTER ‘2’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S10b)

☐ NO

S10a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

☐ YES (**ENTER ‘2’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S10b)

☐ NO

S10a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

☐ YES - NO INSURANCE (**ENTER ‘U’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S11)

☐ NO - HAS INSURANCE (**ENTER ‘2’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S10b)

S10b. [INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S10c.]

S10c. Which other household members are covered by the same health insurance policy or program as this person?

[ENTER ‘2’ IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]

.

SE. [INTERVIEWER CHECK: REVIEW FLAP AND MAKE SURE YOU HAVE VALID ENTRIES FOR EACH PERSON IN QUESTIONS S2, S3, S3A, S3B, S4, S5 AND INSURANCE COLUMN. ALSO MAKE SURE YOU HAVE A ‘_’ OR ‘OUT’ FOR EACH INSURANCE PLAN IN POLICY HOLDER COLUMN. IF NOT, PROBE TO COMPLETE MISSING DATA]

[INTERVIEWER CHECK: IF AT LEAST ONE PERSON UNDER 65 IS COVERED BY HEALTH INSURANCE, MARK “YES” TO INSURANCE SECTION NEEDED ON FLAP ELSE MARK “NO”]

[INTERVIEWER CHECK: IF AT LEAST ONE PERSON FROM 18 YEARS OLD TO 64 YEARS OLD IS UNINSURED, MARK “YES” TO UNINSURED ADULT SECTIONS NEEDED ON FLAP ELSE MARK “NO”]

IF “YES” COUNT NUMBER OF “U” CODES IN INSURANCE COLUMN ON FLAP FOR PEOPLE 18 THROUGH 64 YEARS OLD. ENTER NUMBER IN “HOW MANY?” QUESTION ON FLAP]

[INTERVIEWER CHECK: IF AT LEAST ONE PERSON UNDER 18 YEARS OLD IS UNINSURED, MARK “YES” TO UNINSURED CHILD SECTION NEEDED ON FLAP ELSE MARK “NO”]

[INTERVIEWER CHECK: IF THERE IS AT LEAST ONE PERSON 65 YEARS OLD OR OLDER IN HOUSEHOLD, MARK “YES” TO 65 AND OVER SECTION NEEDED ON FLAP ELSE MARK “NO”]

[REFER TO FLAP FOR APPROPRIATE SECTIONS TO COMPLETE]

INSURED SECTION

CHECK INS1: SECTION CHECK

ENTER HIGHEST NUMBER RECORDED IN INSURANCE COLUMN ON FLAP: A: _____

ENTER NUMBER OF INSURANCE PLANS WHICH ONLY COVER PERSONS
65 YEARS OF AGE OR OLDER:

B: _____

SUBTRACT B FROM A (A-B): C: _____

IF NUMBER IN C IS 0, YOU SHOULDN'T DO AN INSURED SECTION, REFER TO FLAP FOR NEXT SECTION NEEDED

IF NUMBER IN C IS GREATER THAN 0, YOU MUST DO AN INSURED SECTION

CHECK INS2: PLAN SELECTION

CIRCLE NUMBER OF ELIGIBLE PLANS (FROM C: ABOVE) IN LEFT HAND VERTICAL COLUMN BELOW

CIRCLE KISH TABLE **PLAN** NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW

PLACE FINGER ON CIRCLED NUMBER OF PLANS IN LEFT HAND VERTICAL COLUMN, GO RIGHT UNTIL YOU COME TO
COLUMN WHICH HAS CIRCLED KISH TABLE PLAN NUMBER, CIRCLE SELECTED PLAN INDICATOR INSIDE TABLE

ENTER SELECTED PLAN ON FLAP

NUMBER OF PLANS (FROM C: ABOVE)	KISH TABLE PLAN NUMBER (FROM LABEL)											
	1	2	3	4	5	6	7	8	9	10	11	12
	SELECT N-TH LOWEST NUMBERED ELIGIBLE PLAN											
1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	2	2	2	1	1	1	2	2	2
3	1	1	2	2	3	3	1	1	2	2	3	3
4	1	1	2	3	3	4	1	2	2	3	4	4
5	1	2	3	4	3	5	1	2	3	4	5	5
6 OR MORE	1	2	3	4	5	6	1	2	3	4	5	6

INSURED SECTION

I. Employment and Insurance

A1. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT: _____]
_____]

[NOTE: THE FOLLOWING QUESTIONS ARE TO BE ANSWERED ABOUT THE POLICY HOLDER, UNLESS THE POLICY HOLDER IS NOT IN THE HOUSEHOLD, THEN ANY ADULT COVERED BY THE POLICY CAN BE SELECTED; **IF NO PERSONS BETWEEN 18 AND 64 COVERED BY POLICY, GO TO QUESTION A14 ON PAGE 29**]

A1A. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF POLICY HOLDER/SELECTED PERSON: _____]

The following questions concern all persons in this household covered by the health insurance which covers you/the [age] year old [gender]. To begin, let's talk about you/the [age] year old [gender].

A2. [IF EMPLOYED; GO TO QUESTION A3]

In what month and year did you/he/she last work at a job for pay?

MONTH: _____ YEAR: _____ [] NEVER WORKED

A2A. Do you/Does he/she currently want a job, either full or part time?

- [] YES OR MAYBE, IT DEPENDS
- [] NO
- [] RETIRED
- [] DISABLED
- [] UNABLE TO WORK
- [] DON'T KNOW

A2B. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

- [] LOOKING FOR WORK
- [] DISABLED
- [] RETIRED
- [] ILL
- [] IN SCHOOL
- [] TAKING CARE OF A HOUSE OR FAMILY
- [] SOMETHING ELSE 🐼

A2C. What is that? _____

[GO TO QUESTION A10a. ON PAGE 18]

A3. You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, employed by someone else, or both?

- ☐ WORKING FOR EMPLOYER(S) ONLY
☐ SELF-EMPLOYED ONLY (**GO TO A6**)
☐ BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED

A4. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- ☐ YES
☐ NO (**GO TO QUESTION A6**)

A5. Do you/Does he/she usually work at least 35 hours per week for any one employer?

- ☐ YES
☐ NO

A6. Considering all the jobs you have/he has/she has right now, including self-employment, how many hours per week on average do you/does he/she usually work?

HOURS PER WEEK: _____

[IF POLICY HOLDER, ASK A6a., ELSE GO TO A6a1.]

A6a. Do you/Does he/she receive this health insurance coverage through your/his/her employment?

- ☐ YES (**GO TO A6b**)
☐ NO

A6a1. Are you/Is he/she eligible to receive health insurance coverage through your/his/her employment?

- ☐ YES
☐ NO

A6b. IF MORE THAN ONE EMPLOYER (A4) AND INSURED THROUGH EMPLOYMENT (A6a.), READ:

Please answer the following questions about the company through which you/he/she obtain(s) health insurance coverage.

IF MORE THAN ONE EMPLOYER (A4) AND ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A6a1.), READ:

Please answer the following questions about the company through which you are/he/she is eligible to obtain health insurance coverage.

IF MORE THAN ONE EMPLOYER (A4) AND NOT INSURED THROUGH EMPLOYMENT (A6a.), READ:

Please answer the following questions about your/their main employer.

A7. Is the number of people employed at your/his/her company less than 10, 10 to 49, 50 to 99, or 100 or more?

- ☐ LESS THAN 10
- ☐ 10-49
- ☐ 50-99
- ☐ 100 OR MORE
- ☐ DON'T KNOW

A8. What kind of industry is this? [Probe: What do they do or make?]

A9. What kind of work do you/does he/she do; that is, what is your/his/her occupation?

A10. Have you/has he/she worked for this company for less than one year, 1 to 5 years, or more than 5 years?

- ☐ LESS THAN 1 YEAR
- ☐ 1-5 YEARS
- ☐ MORE THAN 5 YEARS
- ☐ DON'T KNOW

A10a. [INTERVIEWER CHECK: WE NEED TO ASK QUESTIONS ABOUT THE EMPLOYMENT OF ALL PERSONS IN THIS PLAN WHO ARE 18 OR OLDER. HAS EMPLOYMENT INFORMATION BEEN OBTAINED ABOUT ALL SUCH PERSONS IN THE HOUSEHOLD COVERED BY THIS PLAN?]

- ☐ YES (**GO TO QUESTION A14 ON PAGE 29**)
- ☐ NO (**GO TO QUESTION A10b**)

[INTERVIEWER CHECK: IF MORE PERSONS 18 OR OVER IN HOUSEHOLD ARE WORKING AND COVERED BY THIS HEALTH INSURANCE POLICY, ADD ADDITIONAL EMPLOYMENT SECTIONS]

A14. The next questions again refer to the health insurance which covers you/the [age] year old [gender].

[IF INSURANCE COVERAGE OBTAINED THROUGH WORK, (YES TO QUESTION A6a), GO TO QUESTION A14i]

[IF POLICY HOLDER LIVES OUTSIDE HOUSEHOLD, ASK:]

Is this health insurance obtained through the policy holder's employment?



[] YES (**GO TO QUESTION A14i**)

[] NO

[] DON'T KNOW

There are many different ways in which health insurance can be obtained. I am going to list several ways and would like you to tell me which one best describes how this insurance is obtained.

Is this health insurance obtained through...

	YES	NO	
A.MassHealth, Medicaid, or CommonHealth?	[]	[]	(IF YES, GO TO A14h)
B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through Neighborhood Health, Fallon, Boston Health Net, or Cambridge Network Health?	[]	[]	(IF YES, GO TO A14h)
C.Medicare?	[]	[]	(IF YES, GO TO A14i)
D.CHAMPUS, CHAMPUS VA, VA or other military plans?	[]	[]	(IF YES, GO TO A14i)
E.Purchasing it directly from an insurance company or insurance agent?	[]	[]	(IF YES, GO TO A14i)
F.A group such as a labor union, professional association or other group?  What group is that?_____	[]	[]	(IF YES, GO TO A14i)
G.Some other method?  What is that?_____	[]	[]	(IF YES, GO TO A14i)

A14h. What was the month and year of the most recent enrollment to Medicaid or MassHealth for this health insurance coverage?

MONTH:_____

(**GO TO QUESTION A14k**)

YEAR:_____

A14i. At any time during the last 12 months, has anyone currently covered by this health insurance been enrolled in MassHealth, Medicaid, CommonHealth, or any MassHealth HMO such as those offered through Neighborhood Health, Fallon, Boston HealthNet or Cambridge Network Health?

☐ YES

☐ NO (**GO TO A14k**)

☐ DON'T KNOW (**GO TO A14k**)

A14j. How many of those currently covered by this health insurance have been enrolled in MassHealth in the past 12 months?

NUMBER OF PEOPLE: _____

A14k. The next questions again refer to the health insurance which covers you/the [age] year old [gender]. Does your family/the policy holder pay any part of the premium, or cost, of this health plan, either by direct payment or through payroll deduction?

☐ YES

☐ NO (**GO TO QUESTION A14o**)

A14l. About how much per month or year does your family/the policy holder pay for this health plan?

\$ _____

☐ DON'T KNOW

A14m. ENTER THE UNIT

☐ WEEK

☐ MONTH

☐ YEAR

☐ DON'T KNOW

A14n. In general, do you think the amount paid is much too much, a little to much, or about right?

☐ MUCH TOO MUCH

☐ A LITTLE TOO MUCH

☐ ABOUT RIGHT

A14o. What is the name of the insurance company or HMO with whom you have this health insurance?

COMPANY NAME: _____

A15. For the following services, please tell me if this health plan covers any part of the costs of the services or not:

	YES	NO	DON'T KNOW
a. overnight hospital stays	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
b. physicians office visits	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
c. routine physical exams	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
d. prescription drugs	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
e. mental health visits	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
f. dental services	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
g. eye exam/eye glasses	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []

A16. Under this health plan, not including emergency room visits, do you have to pay a fixed cost each time you visit a doctor in their office?

- ☐ [] YES
☐ [] NO (**GO TO QUESTION A19**)

A16a. Do you have to pay \$10 or less, between \$11 and \$25, or more than \$25 each time you visit a doctor in their office?

- ☐ [] \$10 OR LESS
☐ [] \$11 TO \$25
☐ [] MORE THAN \$25
☐ [] DON'T KNOW

A19. An out-of-pocket expense is all money paid for health care, excluding the cost of premiums. This includes the costs of deductibles and copayments which are partial payments made by you in order to receive medical care or prescriptions. Would you say that your out-of-pocket expenses for 1999 were less than \$200, \$200 to \$499, \$500 to \$599, \$1,000 to \$1,999, or \$2,000 or more?

- ☐ [] LESS THAN \$200
☐ [] \$200-\$499
☐ [] \$500-\$599
☐ [] \$1,000-\$1,999
☐ [] \$2,000 OR MORE
☐ [] DON'T KNOW

A20. Were these out-of-pocket expenses not difficult, a little difficult, somewhat difficult, or very difficult for your family to afford?

- ☐ NOT DIFFICULT
- ☐ A LITTLE DIFFICULT
- ☐ SOMEWHAT DIFFICULT
- ☐ VERY DIFFICULT

A20a. Were the out-of-pocket expenses you paid in 1999 a lot more, a little more, about the same, a little less, or a lot less than the out-of-pocket expenses you paid in 1998?

- ☐ A LOT MORE
- ☐ A LITTLE MORE
- ☐ ABOUT THE SAME
- ☐ A LITTLE LESS
- ☐ A LOT LESS

A24. Has a doctor or other medical care giver ever suggested a test or treatment for anyone covered by this health plan, that the health plan would not cover or pay for?

- ☐ YES → → → → A24a. What were these tests or treatments?
- ☐ NO (**GO TO QUESTION A26**) _____
- ☐ DON'T KNOW _____

A25. In the past 12 months, has this lack of coverage for certain tests or treatments been a big problem, a small problem, or no problem at all for your family?

- ☐ BIG PROBLEM
- ☐ SMALL PROBLEM
- ☐ NO PROBLEM AT ALL

A26. We want to know your rating of your overall experience with this health plan.

Use any number on a scale from 0 to 10 where 0 is the worst insurance plan possible, and 10 is the best health insurance plan possible. How would you rate this health insurance plan now?

Rating: _____

A27. Is this health plan the same one that you/the policy holder had 12 months ago?

- ☐ YES
- ☐ NO (**GO TO QUESTION A28d**)

A28. Are the benefits from this health plan better, about the same, or worse than 12 months ago?

- ☐ BETTER
- ☐ ABOUT THE SAME
- ☐ WORSE

A28a. Is the premium, or cost, of the health plan for you/your family more than, about the same, or less than the cost 12 months ago?

- ☐ MORE
☐ ABOUT THE SAME (**GO TO QUESTION A29**)
☐ LESS (**GO TO QUESTION A28c**)

A28b. Has this increase in the premium or cost been very difficult, somewhat difficult, or not difficult at all for you/your family to pay?

- ☐ VERY DIFFICULT
☐ SOMEWHAT DIFFICULT
☐ NOT DIFFICULT AT ALL

A28c. About how much per month or year did you/your family pay for this health plan 12 months ago?

- \$_____ PER → ☐ WEEK
☐ MONTH **[GO TO QUESTION A29]**
☐ DON'T KNOW ☐ YEAR

A28d. Are the benefits from the current health plan better, about the same, or worse than the benefits from the health plan you had 12 months ago?

- ☐ BETTER
☐ ABOUT THE SAME
☐ WORSE
☐ I DID NOT HAVE ANY HEALTH PLAN 12 MONTHS AGO **[GO TO QUESTION A29]**

A28e. Is the premium, or cost, of the current health plan for you/your family more than, about the same, or less than the premium, or cost, of the health plan you had 12 months ago?

- ☐ MORE
☐ ABOUT THE SAME (**GO TO QUESTION A29**)
☐ LESS (**GO TO QUESTION A28g**)

A28f. Has this increase in the premium or cost been very difficult, somewhat difficult, or not difficult at all for you/your family to pay?

- ☐ VERY DIFFICULT
☐ SOMEWHAT DIFFICULT
☐ NOT DIFFICULT AT ALL

A28g. About how much per month or year did you/your family pay for the health plan you had 12 months ago?

- \$_____ PER → ☐ WEEK
☐ MONTH
☐ DON'T KNOW ☐ YEAR

A29. Including yourself, have any of the family members **covered by this health plan**, been **uninsured** for any length of time over the past **3 years**?

- ☐ YES
☐ NO (**GO TO RANDOM SELECTION OF PLAN MEMBER ON PAGE 38**)

A29a. Which persons were uninsured?

ENTER PERSON NUMBER: _____, _____, _____, _____, _____,
_____, _____, _____, _____

A30. Of the people just mentioned, have any of these people been uninsured for any length of time over the past 12 months?

☐ YES

☐ NO (**GO TO QUESTION A33a**)

A30a. Which persons were uninsured during the past 12 months?

ENTER PERSON NUMBER: _____, _____, _____, _____, _____,

_____, _____, _____, _____

[For each person mentioned in A30a., ask the following:]

A31a. PERSON NUMBER: _____

A31b. Were you/Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?

☐ LESS THAN 1 MONTH

☐ 1-3 MONTHS

☐ 4-6 MONTHS

☐ 7-12 MONTHS

☐ MORE THAN 12 MONTHS

☐ DON'T KNOW

A31c. What change in your/his/her situation happened so that you/he/she could get health insurance?

[IF ALL PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]

A31d. PERSON NUMBER: _____

RANDOM SELECTION OF PLAN MEMBER

CIRCLE NUMBER OF PERSONS 18 OR OVER COVERED BY SELECTED PLAN IN LEFT HAND VERTICAL COLUMN BELOW; IF 0, GO TO CINS CHECK ON PAGE 40

CIRCLE KISH TABLE INSURED ADULT NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW

PLACE FINGER ON CIRCLED NUMBER OF PERSONS IN LEFT HAND VERTICAL COLUMN, GO RIGHT UNTIL YOU COME TO COLUMN WHICH HAS CIRCLED KISH TABLE INSURED ADULT NUMBER, CIRCLE SELECTED ADULT INSIDE TABLE.

ENTER PERSON NUMBER OF ADULT SELECTED ON FLAP

NUMBER OF PERSONS COVERED BY SELECTED PLAN	KISH TABLE INSURED ADULT NUMBER (FROM LABEL)											
	1	2	3	4	5	6	7	8	9	10	11	12
	INTERVIEW THE NTH OLDEST ADULT COVERED BY PLAN											
1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	2	2	2	1	1	1	2	2	2
3	1	1	2	2	3	3	1	1	2	2	3	3
4	1	1	2	3	3	4	1	2	2	3	4	4
5	1	2	3	4	3	5	1	2	3	4	5	5
6 OR MORE	1	2	3	4	5	6	1	2	3	4	5	6

II. Health Service Utilization

Next I have a few questions about use of health care services. I'd like you to answer each of these questions about yourself/the [age] year old [gender].

A35. In the last 12 months, was there ever a time when you/this person needed any type of medical care which is usually provided by a doctor, nurse or other health care professional?

[] YES

[] NO (GO TO QUESTION A37A)

A36. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive this care?

- ☐ ALWAYS (**GO TO QUESTION A37A**)
- ☐ USUALLY
- ☐ SOMETIMES
- ☐ NEVER

A37. When medical care was not received, was cost of care a big reason, a small reason, or not a reason at all?

- ☐ BIG REASON
- ☐ SMALL REASON
- ☐ NOT A REASON AT ALL

A37a. During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?

NUMBER OF VISITS _____

A37b. During the last 12 months, including treatment for substance abuse, how many times have you he/she received mental health services?

NUMBER OF TREATMENTS _____

A38. During the past 12 months, about how many times have you/has this person received care in a hospital emergency room?

NUMBER OF VISITS _____

A39. (Not including giving birth) In the past 12 months, have you/has this person been a patient overnight in a hospital?

- ☐ YES
- ☐ NO

A40. (Not including pregnancy, not counting overnight stays in a hospital and excluding emergency room visits). In the past 12 months, about how many times did you/this person make visits to a doctor's office for medical treatment?

NUMBER OF VISITS _____

III. Health Status

A41. (Not counting pregnancy) do you/does this person now have any medical conditions that have lasted for at least 3 months?

- ☐ YES
- ☐ NO (**GO TO QUESTION A44**)

A42. In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES: _____

A43. Have you/Has this person been taking prescription medicine for at least 3 months for any of these conditions?

☐ YES

☐ NO

A44. Has a doctor or other medical care giver ever diagnosed you/this person with any medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?

☐ YES

☐ NO (GO TO QUESTION A46)

A45. What condition is that?

[Probe: Anything else?]

A46. In general, would you rate your/this person's overall health as excellent, very good, good, fair, or poor?

☐ EXCELLENT

☐ VERY GOOD

☐ GOOD

☐ FAIR

☐ POOR

[CINS CHECK: IF CHILDREN UNDER 18 YEARS OLD ARE COVERED BY THIS POLICY, ASK FOLLOWING QUESTIONS ABOUT YOUNGEST CHILD COVERED.]

ENTER PERSON NUMBER: _____

CHILD HEALTH SERVICE UTILIZATION (OF YOUNGEST CHILD IN PLAN)

Next, I have a few questions about the use of health care services by children under eighteen who are covered by this health insurance policy.

I'd like you to answer each of the following questions considering health care services used **only** by the **youngest** child in this policy, the [age] year old [gender].

A47. In the last 12 months, was there ever a time when this child needed any type of medical care which is usually provided by a doctor, nurse or other medical care professional?

☐ YES

☐ NO (**GO TO A50**)

A48. When medical care was needed, did this child always, usually, sometimes, or never receive this care?

☐ ALWAYS (**GO TO A50**)

☐ USUALLY

☐ SOMETIMES

☐ NEVER

A48a. During the last 12 months, how many times did this child see a dentist or dental hygienist?

NUMBER OF VISITS: _____

A48b. During the last 12 months, including treatment for substance abuse, how many times did this child receive mental health services?

NUMBER OF TREATMENTS: _____

A49. When medical care was not received, was cost of care a big reason, a small reason, or not a reason at all?

☐ A BIG REASON

☐ A SMALL REASON

☐ NOT A REASON AT ALL

A50. In the past 12 months, how many times has this child received care in a hospital emergency room?

NUMBER OF VISITS _____

A51. (Not including giving birth) In the past 12 months, has this child been a patient overnight in a hospital?

☐ YES

☐ NO

- A52. (Not including pregnancy, not counting overnight stays in a hospital and excluding emergency room visits). In the past 12 months, about how many times did this child make visits to a doctor's office for medical treatment?

NUMBER OF VISITS _____

Health Status

- A53. (Not counting pregnancy) does this child **now** have any medical conditions that have lasted for at least 3 months?

☐ YES

☐ NO (**GO TO A56**)

- A54. In the last 12 months, how many times has this child seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES: _____

- A55. Has this child been taking prescription medicine for at least 3 months for any of these conditions?

☐ YES

☐ NO

- A56. Has a doctor or other medical care giver ever diagnosed this child with any medical condition or disability that currently limits them in their everyday activities?

☐ YES

☐ NO (**GO TO A58**)

- A57. What condition is that? (Probe: Anything else?)

- A58. In general, would you rate this child's overall health as excellent, very good, good, fair, or poor?

☐ EXCELLENT

☐ VERY GOOD

☐ GOOD

☐ FAIR

☐ POOR

[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR INSURED SECTION ON FLAP, THEN GO TO NEXT NEEDED SECTION]

UNINSURED SECTION

[NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR EACH UNINSURED PERSON 18 OR OVER, AND IF CHILDREN UNDER 18 ARE UNINSURED, FOR THE YOUNGEST UNINSURED CHILD]

Employment and Insurance

B1. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT: _____]
_____]

B1a. [INTERVIEWER CHECK: IF NO ADULTS IN HOUSEHOLD UNINSURED, BUT CHILD UNDER 18 UNINSURED, GO TO UNINSURED CHILD SECTION ON PAGE 89].

B1b. The following questions concern anyone in your household who is currently uninsured. I'd like to begin by asking you about yourself/the [age] year old [gender].

ENTER PERSON NUMBER: _____

B2. **[IF EMPLOYED; GO TO QUESTION B3]**

In what month and year did you/did he/she last work at a job for pay?

MONTH: _____

YEAR: _____

[] NEVER WORKED _____

B2A. Do you/Does he/she currently want a job, either full or part time?

[] YES OR MAYBE, IT DEPENDS

[] NO

[] RETIRED

[] DISABLED

[] UNABLE TO WORK

[] DON'T KNOW

B2B. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

[] LOOKING FOR WORK

[] DISABLED

[] RETIRED

[] ILL

[] IN SCHOOL

[] TAKING CARE OF A HOUSE OR FAMILY

[] SOMETHING ELSE ➡

B2c. What is that? _____

[GO TO QUESTION B11]

B3. Are you/Is he/she self-employed, employed by someone else, or both?

[] WORKING FOR EMPLOYER(S) ONLY

[] SELF-EMPLOYED ONLY (**GO TO B6**)

[] BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED

B4. (Excluding self employment) Do you/Does he/she currently have more than one employer?

[] YES

[] NO (**GO TO B6**)

B5. Do you/Does he/she usually work at least 35 hours per week for any **one** employer?

☐ YES

☐ NO

B6. Considering all the jobs you have/he has/she has/ right now, including self-employment, how many hours per week on average do you/does he/she usually work?

NUMBER OF HOURS: _____

B6a. Are you/Is he/she eligible to receive health insurance coverage through your/his/her employment?

☐ YES

☐ NO (**GO TO B6d**)

B6b. Is this coverage you are/he/she is eligible to receive just for yourself/himself/herself or for the family?

☐ SELF

☐ FAMILY

B6c. Is cost the reason you do/he/she does not get this health insurance coverage or is there some other reason?

☐ COST (**GO TO B6d**)

☐ SOME OTHER REASON

B6c1. What are those reasons? (Probe for up to 3 reasons)

B6d. IF MORE THAN ONE EMPLOYER (B4) AND ELIGIBLE FOR INSURANCE (B6a.) READ:

Please answer the following questions about the company through which you are/this person is eligible for health insurance coverage.

IF MORE THAN ONE EMPLOYER (B4) AND NOT ELIGIBLE FOR INSURANCE (B6a) READ:

Please answer the following questions about your/this person's main job.

B7. Is the number of people employed at your/his/her company less than 10, 10 to 49, 50 to 99, or 100 or more?

☐ LESS THAN 10

☐ 10-49

☐ 50-99

☐ 100 OR MORE

☐ DON'T KNOW

B8. What kind of industry is this? [Probe: What do they do or make?]

B9. What kind of work do you/does he/she do; that is, what is your/his/her occupation?

B10. Have you/Has this person worked for this company for less than one year, 1 to 5 years, or more than 5 years?

☐ LESS THAN 1 YEAR

☐ 1-5 YEARS

☐ MORE THAN 5 YEARS

☐ DON'T KNOW

B11. Have you/Has this person ever had health insurance or been in a program that helped pay for medical costs?

☐ YES

☐ NO (**GO TO QUESTION B20**)

B12. In what year did you/this person last have some kind of health care coverage?

YEAR: _____ (**IF 1998 OR EARLIER, GO TO B14**)

☐ NEVER (**GO TO B20**)

B13. About what month did you/this person last have some kind of health care coverage?

MONTH: _____

B14. When you/this person last had health care coverage, was it obtained through an employer?

☐ YES (**GO TO B16a**)

☐ NO

B15. Was this health insurance obtained through...

	YES	NO	
A.MassHealth, Medicaid, or CommonHealth?	[]	[]	(IF YES, GO TO B16)
B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through Neighborhood Health, Fallon, Boston HealthNet or Cambridge Network Health?	[]	[]	(IF YES, GO TO B16)
C.Medicare?	[]	[]	(IF YES, GO TO B16a)
D.CHAMPUS, CHAMPUS VA, VA or other military plans?	[]	[]	(IF YES, GO TO B16a)
E.Purchasing it directly from an insurance company or insurance agent.	[]	[]	(IF YES, GO TO B16a)
F.A group such as a labor union, professional association or other group What group was that? _____ -	[]	[]	(IF YES, GO TO B16a)
G.Some other method What was that? _____ -	[]	[]	(IF YES, GO TO B16a)

B16. What was the month and year of the most recent enrollment to Medicaid or MassHealth for this health insurance coverage?

MONTH: _____

YEAR: _____

B16a. What was the name of the company or HMO with whom you/this person had this health insurance?

COMPANY NAME: _____

B17. What change in situation happened so you/this person no longer had health care coverage?

[IF YES TO B15A OR B15B, GO TO B19a]

A18a. At any time during the last 12 months, have you/this person been enrolled in MassHealth, Medicaid, CommonHealth, or any MassHealth HMO such as those offered through Neighborhood Health, Fallon, Boston HealthNet or Cambridge Network Health?

[] YES

[] NO

[] DON'T KNOW

[If person last had insurance prior to 1997, (from B12) go to B20]

B19a. Within the last 3 years, have there been other periods of time in which you/this person did not have health insurance, or is this current period the only time in the last 3 years you/this person did not have health insurance?

☐ OTHER TIMES

☐ ONLY TIME (GO TO QUESTION B20)

B19b. Within the last 3 years, how many other periods of time were there in which you/this person did not have health insurance?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 OR MORE

B20. We'd like to know when you/this person last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last receive any medical care at all?

YEAR: _____ (IF 1998 OR EARLIER, GO TO B22)

B21. In what month was that?

MONTH: _____

B22. [IF "NEVER" HAD HEALTH INSURANCE (B12), GO TO QUESTION B23] Was that before or after you/this person stopped having any kind of health care coverage?

☐ BEFORE (GO TO B25a)

☐ AFTER

B23. Was the last medical care you/this person received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?

☐ DOCTOR'S OFFICE

☐ CLINIC

☐ EMERGENCY ROOM

☐ PATIENT IN HOSPITAL

☐ SOMEPLACE ELSE: Where was that? _____

B24. To the best of your knowledge did you/this person pay for this medical care out of pocket, was it provided for free, or was it paid for in some other manner?

☐ PAID OUT OF POCKET

☐ PROVIDED FOR FREE

☐ PAID BY SOME OTHER MANNER: How was it paid for?

B25. Have you ever heard about...		B26. Since you have/this person has been without health care coverage, have you/has this person applied to have medical care or services provided by...	
A. MassHealth, Medicaid, or CommonHealth?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	B27a. Were you/was this person accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO B25b)	<input type="checkbox"/> No ->	B28a. As far as you know, are you/is this person eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO B25b)		
B. The Cambridge Network Health?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	B27b. Were you/was this person accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO B25c)	<input type="checkbox"/> No ->	B28b. As far as you know, are you/is this person eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO B25c)		
C. The Boston Health Net?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	B27c. Were you/was this person accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO B25d)	<input type="checkbox"/> No ->	B28c. As far as you know, are you/is this person eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO B25d)		
D. The Children's Medical Security Plan?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	B27d. Were you/was this person accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO B25e)	<input type="checkbox"/> No ->	B28d. As far as you know, are you/is this person eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO B25e)		
E. A Program called CenterCare?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	B27e. Were you/was this person accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO B25f)	<input type="checkbox"/> No ->	B28e. As far as you know, are you/is this person eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO B25f)		
F. A Program called FreeCare?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	B27f. Were you/was this person accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO B25g)	<input type="checkbox"/> No ->	B28f. As far as you know, are you/is this person eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO B25g)		
G. A Program called HealthyStart?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	B27g. Were you/was this person accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO B29)	<input type="checkbox"/> No ->	B28g. As far as you know, are you/is this person eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO B29)		

329. If low-cost health care were made available, would you/your family/this person be able to pay anything at all to get health care coverage?

- ☐ YES
☐ NO (**GO TO B31**)
☐ DON'T KNOW (**GO TO B31**)

330. What is the most you think you/your family/this person would be willing and able to pay each month for health care coverage?

\$_____ PER MONTH

[☐] DON'T KNOW

I. Health Service Utilization

have a few questions about your/the [age] year old [gender] use of health care services.

331. In the last 12 months, was there ever a time when you/this person needed any type of medical care which is usually provided by a doctor, nurse, or other health care professional?

[☐] YES

[☐] NO (**GO TO B34**)

332. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive this care?

[☐] ALWAYS (**GO TO B34**)

[☐] USUALLY

[☐] SOMETIMES

[☐] NEVER

333. When medical care was **not** received, was cost of care a big reason, a small reason, or not a reason at all?

[☐] BIG REASON

[☐] SMALL REASON

[☐] NOT A REASON AT ALL

334. In the past 12 months, about how many times have you/has this person received care in a hospital emergency room?

NUMBER OF TIMES: _____ (**IF 0, GO TO B36**)

B35. When you/this person made hospital emergency room visits, to the best of your knowledge were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY YOU/FAMILY/THAT PERSON

☐ PROVIDED FOR FREE

☐ PAID IN SOME OTHER MANNER: How was it paid for?

B36. (Not including giving birth) In the past 12 months, have you/has this person been a patient overnight in a hospital?

☐ YES

☐ NO (**GO TO B38**)

B37. When you were/this person was a patient overnight in a hospital, to the best of your knowledge was the hospital stay usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY YOU/FAMILY/THAT PERSON

☐ PROVIDED FOR FREE

☐ PAID IN SOME OTHER MANNER: How was it paid for?

B38. (Not counting all overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did you/this person make visits to a doctor's office for medical treatment?

NUMBER OF TIMES: _____ (**IF 0 GO TO B40**)

☐ DON'T KNOW

B39. To the best of your knowledge were these visits paid by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
☐ PROVIDED FOR FREE
☐ PAID IN SOME OTHER MANNER: How was it paid for?

B40. In the past 12 months were you/was this person prescribed medication by a doctor?

- ☐ YES
☐ NO (**GO TO QUESTION B42a**)

B41. Did you fill all, most, some, or none of these prescriptions?

- ☐ ALL
☐ MOST
☐ SOME
☐ NONE (**GO TO QUESTION B42a**)

B42. To the best of your knowledge were these prescriptions usually paid by you or your family/this person out of pocket, where they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
☐ PROVIDED FOR FREE
☐ PAID IN SOME OTHER MANNER: How was it paid for?

B42a. During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?

NUMBER OF VISITS _____ (**IF 0 GO TO B42c**)

B42b. When you/this person made dental visits, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
☐ PROVIDED FOR FREE
☐ PAID IN SOME OTHER MANNER: How was it paid for?

B42c. During the last 12 months, including treatment for substance abuse, how many times have you/he/she received mental health services?

NUMBER OF TREATMENTS _____ (**IF 0 GO TO B43**)

B42d. When you/this person received mental health services, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
☐ PROVIDED FOR FREE

[] PAID IN SOME OTHER MANNER: How was it paid for?

II. Health Status

I just have a few more questions about your/their health status.

B43. (Not counting pregnancy) do you/does this person now have any medical conditions that have lasted for at least 3 months?

[] YES

[] NO (**GO TO B46**)

B44. In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES: _____

B45. Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?

[] YES

[] NO

B46. Has a doctor or other medical care giver ever diagnosed you/this person with any medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?

[] YES

[] NO (**GO TO B48**)

B47. What condition is that?

[Probe: Anything else?]

B48. In general, would you rate your/this person's overall health as excellent, very good, good, fair, or poor?

- ☐ EXCELLENT
- ☐ VERY GOOD
- ☐ GOOD
- ☐ FAIR
- ☐ POOR

[INTERVIEWER CHECK: IF MORE UNINSURED ADULTS IN HOUSEHOLD, CHOOSE NEXT UNINSURED ADULT FROM FLAP AND GO TO NEXT PAGE.

**IF ALL UNINSURED ADULTS COMPLETED, CHECK 'COMPLETED' FOR UNINSURED ADULT SECTION ON FLAP, AND
CHECK FLAP FOR NEXT NEEDED SECTION]**

YOUNGEST UNINSURED CHILD SECTION

[NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE YOUNGEST UNINSURED CHILD UNDER 18. IF NO UNINSURED CHILD, CHECK FLAP FOR NEXT NEEDED SECTION TO COMPLETE]

B700. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT: _____
_____]

B702. (Next), I'd like to get information about the [age] year old [gender].

ENTER PERSON NUMBER: _____

BC11. Has this child ever had health insurance or been in a program that helped pay for medical costs?

[☐] YES

[☐] NO (**GO TO QUESTION BC20**)

BC12. In what year did this child last have some kind of health care coverage?

YEAR: _____ (**IF 1998 OR EARLIER, GO TO BC14**)

[☐] NEVER (**GO TO BC20**)

BC13. About what month did this child last have some kind of health care coverage?

MONTH: _____

BC14. When this child last had health care coverage, was it obtained through someone's employer?

[☐] YES (**GO TO BC19**)

[☐] NO

BC15. Was this health insurance obtained through...

	YES	NO	
A.MassHealth, Medicaid, or CommonHealth?	[]	[]	(IF YES, GO TO BC16)
B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through Neighborhood Health, Fallon, Boston HealthNet or Cambridge Network Health?	[]	[]	(IF YES, GO TO BC16)
C.Medicare?	[]	[]	(IF YES, GO TO BC16a)
D.CHAMPUS, CHAMPUS VA, VA or other military plans?	[]	[]	(IF YES, GO TO BC16a)
E.Purchasing it directly from an insurance company or insurance agent.	[]	[]	(IF YES, GO TO BC16a)
F.A group such as a labor union, professional association or other group What group was that?_____	[]	[]	(IF YES, GO TO BC16a)
G.Some other method What was that?_____	[]	[]	(IF YES, GO TO BC16a)

BC16. What was the month and year of the most recent enrollment to Medicaid or MassHealth for this health insurance coverage?

MONTH: _____

YEAR: _____

BC16a. What was the name of the health insurance company or HMO with whom you had this health insurance?

COMPANY NAME: _____

BC17. What change in situation happened so this child no longer had health care coverage?

BC18. At any time during the last 12 months, has this child been enrolled in MassHealth, Medicaid, CommonHealth, or any MassHealth HMO such as those offered through Neighborhood Health, Fallon, Boston HealthNet or Cambridge Network Health?

- [] YES
[] NO
[] DON'T KNOW

BC19a. Within the last 3 years, have there been other periods of time in which you/this person did not have health insurance, or is this current period the only time in the last 3 years you/this person did not have health insurance?

☐ OTHER TIMES

☐ ONLY TIME (**GO TO QUESTION BC20**)

BC19b. Within the last 3 years, how many other periods of time were there in which you/this person did not have health insurance?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 OR MORE

BC20. We'd like to know when this child last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did this child last receive any medical care at all?

YEAR: _____ (IF 1998 OR EARLIER, GO TO BC22)

BC21. In what month was that?

MONTH: _____

BC22. [IF "NEVER" HAD HEALTH INSURANCE (BC11), GO TO QUESTION BC23] Was that before or after this child stopped having any kind of health care coverage?

- ☐ BEFORE (GO TO BC25a)
- ☐ AFTER

BC23. Was the last medical care this child received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?

- ☐ DOCTOR'S OFFICE
- ☐ CLINIC
- ☐ EMERGENCY ROOM
- ☐ PATIENT IN HOSPITAL
- ☐ SOMEPLACE ELSE: Where was that? _____

BC24. To the best of your knowledge did this child's family pay for this medical care out of pocket, was it provided for free, or was it paid for in some other manner?

- ☐ PAID OUT OF POCKET
- ☐ PROVIDED FOR FREE
- ☐ PAID BY SOME OTHER MANNER: How was it paid for?

BC25a. Have you ever heard about...		BC26. Since this child has been without health care coverage, has this child applied to have medical care or services provided by...	
A. MassHealth, Medicaid, or CommonHealth?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	BC27a. Was this child accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO BC25b)	<input type="checkbox"/> No ->	BC28a. As far as you know, is this child eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO BC25b)		
B. The Cambridge Network Health?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	BC27b. Was this child accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO BC25c)	<input type="checkbox"/> No ->	BC28b. As far as you know, is this child eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO BC25c)		
C. The Boston Health Net?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	BC27c. Was this child accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO BC25d)	<input type="checkbox"/> No ->	BC28c. As far as you know, is this child eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO BC25d)		
D. The Children's Medical Security Plan?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	BC27d. Was this child accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO BC25e)	<input type="checkbox"/> No ->	BC28d. As far as you know, is this child eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO BC25e)		
E. A Program called CenterCare?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	BC27e. Was this child accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO BC25f)	<input type="checkbox"/> No ->	BC28e. As far as you know, is this child eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO BC25f)		
F. A Program called FreeCare?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	BC27f. Was this child accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO BC25g)	<input type="checkbox"/> No ->	BC28f. As far as you know, is this child eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO BC25g)		
G. A Program called HealthyStart?	<input type="checkbox"/> Yes ->	<input type="checkbox"/> Yes ->	BC27g. Was this child accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> No (SKIP TO BC29)	<input type="checkbox"/> No ->	BC28g. As far as you know, is this child eligible to have any medical care or services provided by... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK
	<input type="checkbox"/> DON'T KNOW (SKIP TO BC29)		

BC29. If low-cost health care were made available, would this child's family be able to pay anything at all to get health care coverage?

- ☐ YES
☐ NO (GO TO BC31)

BC30. What is the most you think this child's family would be willing and able to pay each month for health care coverage?

\$_____ PER MONTH

☐] DON'T KNOW

II. Health Service Utilization (Child)

I have a few questions about this child's use of health care services.

BC31. In the last 12 months, was there ever a time when this child needed any type of medical care usually provided by a doctor, nurse, or other health care professional?

☐] YES

☐] NO (**GO TO BC34**)

BC32. When medical care was needed, did this child always, usually, sometimes or never receive this care?

☐] ALWAYS (**GO TO BC34**)

☐] USUALLY

☐] SOMETIMES

☐] NEVER

BC33. When medical care was **not** received, was cost of care a big reason, a small reason, or not a reason at all?

☐] BIG REASON

☐] SMALL REASON

☐] NOT A REASON AT ALL

BC34. In the past 12 months, about how many times did this child receive care in a hospital emergency room?

NUMBER OF TIMES: _____(**IF 0, GO TO BC36**)

BC35. When this child made hospital emergency room visits, to the best of your knowledge were these visits usually paid for by the child's family out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY CHILD'S FAMILY

☐ PROVIDED FOR FREE

☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC36. (Not including giving birth) In the past 12 months, has this child been a patient overnight in a hospital?

☐ YES

☐ NO (**GO TO BC38**)

BC37. When this child was a patient overnight in a hospital, to the best of your knowledge was the hospital stay usually paid for by the child's family out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY CHILD'S FAMILY

☐ PROVIDED FOR FREE

☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC38. (Not counting all overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did this child make visits to a doctor's office for medical treatment?

NUMBER OF TIMES: _____ (**IF 0 GO TO BC40**)

☐ DON'T KNOW

BC39. To the best of your knowledge were these visits paid by the child's family out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY CHILD'S FAMILY
- ☐ PROVIDED FOR FREE
- ☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC40. In the past 12 months was this child prescribed medication by a doctor?

- ☐ YES
- ☐ NO (**GO TO QUESTION BC42a**)

BC41. Did you fill all, most, some, or none of these prescriptions?

- ☐ ALL
- ☐ MOST
- ☐ SOME
- ☐ NONE (**GO TO QUESTION BC42a**)

BC42. To the best of your knowledge were these prescriptions usually paid by the child's family out of pocket, where they provided for free, or were they paid for in some other manner?

- ☐ PAID BY CHILD'S FAMILY
- ☐ PROVIDED FOR FREE
- ☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC42a. During the last 12 months, how many times did this child see a dentist or dental hygienist?

NUMBER OF VISITS _____ (**IF 0 GO TO BC42c**)

BC42b. When this child made dental visits, to the best of your knowledge were these visits usually paid for by you or your family out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
- ☐ PROVIDED FOR FREE
- ☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC42c. During the last 12 months, including treatment for substance abuse, how many times has this child received mental health services?

NUMBER OF TREATMENTS _____ (IF 0 GO TO BC43)

BC42d. When this child received mental health services, to the best of your knowledge were these visits usually paid for by you or your family out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY YOU/FAMILY/THAT PERSON

☐ PROVIDED FOR FREE

☐ PAID IN SOME OTHER MANNER: How was it paid for?

II. Health Status

I just have a few more questions about this child's health status.

BC43. (Not counting pregnancy) does this child now have any medical conditions that have lasted for at least 3 months?

☐ YES

☐ NO (GO TO BC46)

BC44. In the last 12 months, how many times has this child seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES: _____

BC45. Has this child been taking prescription medicine for at least 3 months for any of these conditions?

☐ YES

☐ NO

BC46. Has a doctor or other medical care giver ever diagnosed this child with any medical condition or disability that currently limits them in the everyday activities they can do?

☐ YES

☐ NO (GO TO BC48)

BC47. What condition is that?

[Probe: Anything else?]

BC48. In general, would you rate this child's overall health as excellent, very good, good, fair, or poor?

- ☐ EXCELLENT
- ☐ VERY GOOD
- ☐ GOOD
- ☐ FAIR
- ☐ POOR

[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR UNINSURED CHILD SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]

SENIOR PHARMACY PROGRAM - PERSONS OVER 65

RANDOM SELECTION OF PERSON 65+**IF NO ONE 65+, CHECK FLAP FOR NEXT NEEDED SECTION**

If only one person 65+ in household, enter that person number on flap and ask questions about that person, beginning with Question C1. on next page.

If more than one person 65+ in household, do the following:

A) COMPUTE NUMBER OF PERSONS 65+ (CALCULATE FROM FLAP)

ENTER NUMBER HERE: _____

B) CIRCLE NUMBER OF PERSONS 65+ IN LEFT HAND VERTICAL COLUMN BELOW**C) CIRCLE KISH TABLE 65+ NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW****D) PLACE FINGER ON CIRCLED NUMBER OF PERSONS 65+ IN LEFT HAND VERTICAL COLUMN BELOW, GO RIGHT UNTIL YOU COME TO COLUMN WITH CIRCLED KISH TABLE NUMBER, CIRCLE SELECTED PERSON INSIDE TABLE****E) ENTER PERSON NUMBER OF SELECTED PERSON ON FLAP UNDER RANDOM SELECTION OF PERSON 65+**

ENTER NUMBER OF ELIGIBLE ADULTS 65+	KISH TABLE 65+ NUMBER (FROM LABEL)											
	1	2	3	4	5	6	7	8	9	10	11	12
	INTERVIEW THE N-TH OLDEST ADULT 65 OR OVER:											
1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	2	2	2	1	1	1	2	2	2
3	1	1	2	2	3	3	1	1	2	2	3	3
4	1	1	2	3	3	4	1	2	2	3	4	4
5	1	2	3	4	3	5	1	2	3	4	5	5
6 OR MORE	1	2	3	4	5	6	1	2	3	4	5	6

You have told me that there are people in this household 65 years old or older. I'd like to ask a few questions about yourself/the [age] year old [gender].

C1. Do you/Does this person have traditional Medicare, a Medicare HMO, such as Secure Horizons, First Security, Fallon Senior, or Blue Care 65, or some other type of health insurance?

☐ TRADITIONAL CARE

☐ MEDICARE HMO (e.g., Secure Horizons, First Security, Fallon, or BlueCare 65)

☐ OTHER: What is that? _____

C2. Are your/this person's benefits better, about the same, or worse than 12 months ago?

☐ BETTER

☐ ABOUT THE SAME (**GO TO C3**)

☐ WORSE

☐ DON'T KNOW (**GO TO C3**)

C2a. What has changed in the benefits over the last 12 months?

C3. Has the cost, pharmacy benefits, or anything else about your/this person's health insurance coverage changed over the past 12 months

☐ YES

☐ NO (**GO TO C4**)

C3a. What changed? [Probe for up to three answers]

C3b. What caused the change(s) to occur?

C4. Do you/Does this person currently have any health insurance coverage for prescription drugs?

☐ YES

☐ NO

C5. In the past 12 months, did you/this person use any prescription drugs?

☐ YES

☐ NO (**GO TO C10**)

C6. In the past month, about how much did you/this person spend out of pocket on prescription drugs, was it less than \$10, \$11 to \$50, \$51 to \$75, \$76 to \$100, or more than \$100?

☐ LESS THAN \$10

☐ \$11-\$50

☐ \$51-\$75

☐ \$76-\$100

☐ MORE THAN \$100

☐ DON'T KNOW

C7. In the past 12 months, were most of the costs for prescription drugs you/this person took for long term chronic conditions, for short term illnesses that were less than 30 days, or a combination of both?

- ☐ LONG TERM CHRONIC CONDITIONS
☐ SHORT TERM ILLNESSES
☐ BOTH

C8. In the past 12 months, was there ever a time when you/this person did not have insurance coverage for prescription drugs?

- ☐ YES
☐ NO

C9. I am going to read you a list of possible sources which can help pay for prescription drugs. In the past 12 months, have any of the following helped pay for the costs of your/this person's prescription drugs?

	YES	NO	DON'T KNOW
a. Medigap, Medex Gold, Blue Cross/Blue Shield, Prudential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A Medicare HMO or Medicare Choice Plan such as Secure Horizons, Fallon Senior Plan, First Security, or Blue Care 65?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. MassHealth or Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Private insurance from an employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pharmacy Program or Pharmacy Program Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Some other source: What is that?	<hr/>		
	<hr/>		

C10. Have you ever heard of the Massachusetts Senior Pharmacy Program or the Massachusetts Pharmacy Program Plus?

- ☐ YES
☐ NO

[65+ CHECK: CHECK 'COMPLETED' FOR 65+ SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]

DEMOGRAPHICS SECTION

D2. [TO WHOM ARE YOU SPEAKING?]

PERSON #: _____

D2a. What is your zip code?

ZIP CODE: _____

D2b. What is the language spoken most often in your home?

- ☐ ENGLISH
☐ SPANISH
☐ PORTUGUESE
☐ ASIAN LANGUAGES (CHINESE, MANDARIN, CANTONESE, KHMER, VIETNAMESE, JAPANESE, OTHERS)
☐ OTHER: GIVE LANGUAGE: _____

D2c. Including those related through marriage or adoption how many people living in this household are related to you?

NUMBER OF PEOPLE RELATED TO INFORMANT: _____

[INTERVIEWER CHECK:

ADD 1 TO NUMBER IN D2c. ENTER ANSWER HERE: _____ AND FOLLOW THE GO TO INSTRUCTIONS BELOW:

IF 1, GO TO D3a
IF 2, GO TO D3b
IF 3, GO TO D3c
IF 4, GO TO D3d
IF 5, GO TO D3e
IF 6, GO TO D3f
IF 7, GO TO D3g
IF 8, GO TO D3h
IF 9, GO TO D3i]

D3a. Was the total income in 1999 from all sources for your family greater or less than \$15,300?

- ☐ GREATER (GO TO D6a)
☐ LESS

D4a. Was it greater or less than \$12,500?

- ☐ GREATER (GO TO D8)
☐ LESS

D5a. Was it greater or less than \$11,000?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6a. Was it greater or less than \$16,500?

☐ GREATER

☐ LESS(**GO TO D8**)

D7a. Was it greater or less than \$33,000?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D3b. Was the total income in 1999 from all sources for your family greater or less than \$19,600?

☐ GREATER (GO TO D6b)

☐ LESS

D4b. Was it greater or less than \$15,900?

☐ GREATER(**GO TO D8**)

☐ LESS

D5b. Was it greater or less than \$14,100?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6b. Was it greater or less than \$21,200?

☐ GREATER

☐ LESS(**GO TO D8**)

D7b. Was it greater or less than \$42,400?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D3c. Was the total income in 1999 from all sources for your family greater or less than \$24,000?

☐ GREATER (GO TO D6c)

☐ LESS

D4c. Was it greater or less than \$19,500?

☐ GREATER(**GO TO D8**)

☐ LESS

D5c. Was it greater or less than \$17,300?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6c. Was it greater or less than \$26,000?

☐ GREATER

☐ LESS(**GO TO D8**)

D7c. Was it greater or less than \$52,000?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D3d. Was the total income in 1999 from all sources for your family greater or less than \$30,700?

☐ GREATER (GO TO D6d)

☐ LESS

D4d. Was it greater or less than \$25,000?

☐ GREATER(**GO TO D8**)

☐ LESS

D5d. Was it greater or less than \$22,100?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6d. Was it greater or less than \$33,200?

☐ GREATER

☐ LESS(**GO TO D8**)

D7d. Was it greater or less than \$66,400?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D3e. Was the total income in 1999 from all sources for your family greater or less than \$36,500?

☐ GREATER (GO TO D6e)

☐ LESS

D4e. Was it greater or less than \$29,600?

☐ GREATER(**GO TO D8**)

☐ LESS

D5e. Was it greater or less than \$26,300?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6e. Was it greater or less than \$39,400?

☐ GREATER

☐ LESS(**GO TO D8**)

D7e. Was it greater or less than \$78,800?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D3f. Was the total income in 1999 from all sources for your family greater or less than \$41,000?

☐ GREATER (GO TO D6f)

☐ LESS

D4f. Was it greater or less than \$33,300?

☐ GREATER(**GO TO D8**)

☐ LESS

D5f. Was it greater or less than \$29,600?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6f. Was it greater or less than \$44,400?

☐ GREATER

☐ LESS(**GO TO D8**)

D7f. Was it greater or less than \$88,800?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D3g. Was the total income in 1999 from all sources for your family greater or less than \$46,600?

☐ GREATER (GO TO D6g)

☐ LESS

D4g. Was it greater or less than \$37,800?

☐ GREATER(**GO TO D8**)

☐ LESS

D5g. Was it greater or less than \$33,600?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6g. Was it greater or less than \$50,400?

☐ GREATER

☐ LESS(**GO TO D8**)

D7g. Was it greater or less than \$100,800?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D3h. Was the total income in 1999 from all sources for your family greater or less than \$51,800?

☐ GREATER (GO TO D6h)

☐ LESS

D4h. Was it greater or less than \$42,000?

☐ GREATER(**GO TO D8**)

☐ LESS

D5h. Was it greater or less than \$37,300?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6h. Was it greater or less than \$56,000?

☐ GREATER

☐ LESS(**GO TO D8**)

D7h. Was it greater or less than \$112,000?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D3i. Was the total income in 1999 from all sources for your family greater or less than \$61,200?

☐ GREATER (GO TO D6i)

☐ LESS

D4i. Was it greater or less than \$49,600?

☐ GREATER(**GO TO D8**)

☐ LESS

D5i. Was it greater or less than \$44,100?

☐ GREATER(**GO TO D8**)

☐ LESS(**GO TO D8**)

D6i. Was it greater or less than \$66,200?

☐ GREATER

☐ LESS(**GO TO D8**)

D7i. Was it greater or less than \$132,400?

☐ GREATER

☐ LESS

D8. Do you consider yourself to be Hispanic or Latino?

☐ YES [**IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D9**]

☐ NO [**IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D9**]

D8a1. Is everyone else in this household also Hispanic or Latino?

☐ YES (**GO TO D9**)

☐ NO

D8aa. Which persons are not Hispanic or Latino?

ENTER PERSON NUMBER: _____, _____, _____, _____, _____,

_____ [GO TO D9]

D8b1. Is anyone in the household Hispanic or Latino?

☐ YES

☐ NO (**GO TO D9**)

D8ba. Which persons are Hispanic or Latino?

ENTER PERSON NUMBER: _____, _____, _____, _____, _____,

D9. (In addition to being Hispanic) Are you white, black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, or something else?

☐ WHITE

☐ BLACK OF AFRICAN AMERICAN

☐ ASIAN

☐ AMERICAN INDIAN OR ALASKAN NATIVE

☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER

☐ SOMETHING ELSE

D9a. Is there anyone in this household of a different race than you?

☐ YES [**IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D10**]

☐ NO [**IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D10**]

D9b. Which persons are of a different race than you?

ENTER PERSON NUMBER: _____, _____, _____, _____, _____,
_____, _____, _____

D9c. [FOR EACH PERSON LISTED IN D9b]

Is that person white, black or African-American, Asian, American Indian or Alaskan Native, Native Hawaiian or other Pacific Islander, or something else?

PERSON NUMBER	WHITE	BLACK	ASIAN	AMERICAN INDIAN	PACIFIC ISLANDER	SOMETHING ELSE
_____	[]	[]	[]	[]	[]	[]
_____	[]	[]	[]	[]	[]	[]
_____	[]	[]	[]	[]	[]	[]
_____	[]	[]	[]	[]	[]	[]
_____	[]	[]	[]	[]	[]	[]
_____	[]	[]	[]	[]	[]	[]

[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR DEMOGRAPHIC SECTION ON FLAP, CHECK FLAP TO MAKE SURE ALL NEEDED SECTIONS ARE COMPLETED]

Thank you very much for your time and cooperation. Your answers will help planners better understand the ways in which people pay for health care.

TO RESPONDENT AT END OF COMPLETED INTERVIEW:

For verification purposes, my superior may need to call you to confirm this interview or to clarify some information. May I have a telephone number where you can be reached?

[] YES - COMPLETE #5 ON THE COVERSHEET

[] NO - EXPLAIN _____

TIME NOW:_____